

Santee Sioux Nation of Nebraska
Juvenile Services
Comprehensive Community Plan
July 1, 2015 – June 30, 2018

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SECTION II

COMMUNITY TEAM

Description of Team and how formed, how long meeting, how often meet/met, structure, etc.

The Taktanka Tiospaye Coalition (TTC) is a community coalition made up of several local organizations and community members. This coalition serves as a way to hear the voice of town's people and get their input about services being provided to the community children. The Tatanka Tiospaye also provides oversight for a Tribal Youth Program (TYP) grant that funds the truancy officer position at the school and the Sunktanka Oyate Wan Onispepi (Horse Program).

The team started when some representatives from the North Central District Health Department in O'Neill, NE contacted the Santee Sioux Nation to coordinate a Community Town Hall Meeting in November 2008. At this meeting we discussed the substance abuse problems on the Santee Reservation and ways to combat the issue. The team continued until the enthusiasm died out in January 2009. Then in October 2009, as a part of an Office Juvenile Justice and Delinquency Prevention Tribal Youth Program grant that the Santee Sioux Nation received, White Bison, Inc. was brought in for Coalition Building Training. The training was opened up to all tribal programs and community members. At this training we came up with the name of the coalition, the Tatanka Tiospaye Coalition (TTC). We also created a vision and mission statement for the coalition

The TTC still meets on the second Wednesday of each month at 9am-12pm with special meetings and community dinners being held as needed in addition to the regularly scheduled meeting. We focus on coming up with solutions to problems facing the children/youth of the community. All community members are invited to come to the meetings but we like to always have at least one representative from all the agencies/organizations in the community such as the Santee Community School, Santee Head Start, HEART, Santee Tribal Court, Santee Housing Authority, IHS Clinic, Healthy Start, Social Services, Youth Center, Law Enforcement, etc.

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Section III

Juvenile Justice System Analysis Tool

The Santee Sioux Nation and the Tatanka Tiospaye Coalition used Results Based Accountability as our tool to help us identify our top priority areas. Some of the Social Services department staff were trained in Results Based Accountability in November. We met as a coalition in November and then we hosted a community dinner and meeting on December 2, 2013. During our meeting on November 13, the Coalition members were trained on Results Based Accountability by Misty Thomas and the worksheets were completed. Coalition members also discussed ways of improving juvenile accountability and services for the Santee Sioux Nation. The Coalition brainstormed several possibilities to present to the Community. The Coalition also made a plan to gather statistics and data to be presented to the Community.

On December 2, 2013, the community dinner and meeting was held at the Community Center. We had about 30 people in attendance including grandparents, parents, service providers, and the Tribal Judge. We presented the data that we were able to collect at that time and then we presented the ideas that the coalition came up with. We asked the community members if they had any other ideas to add to the list that we came up with. We added a few ideas, but the community had an idea about including the traditional Dakota family kinship system back into Dakota families. We are still trying to figure out how to do this in a programmatic system.

At the end of our meeting, we gave each community member, including the youth, 3 votes in the form of sticky note paper. They were then able to place their votes on larger pieces of paper with each idea on them. Through this system, the top 5 vote getters were: Tied for 1st: storytelling (bringing back our traditional teachings) and more work on the Meth/Substance Abuse Code that was passed by the tribal council on Oct. 1, 2012. Tied for 2nd: More activities for youth and More Parenting classes. And 3rd was more work to prevent Drug/Alcohol abuse by Pregnant mothers.

The Juvenile Services Plan was discussed at our May, 2015 meeting. At that time we went over the plan and discussed things to keep in and things to take out. We also discussed additional community resources that could be added to the plan. We had planned on having another meeting and a community meeting to get feedback. However, we due to a staff member's family emergency we weren't able to have the community meeting. All of the changes to this year's juvenile services plan are from our May, 2015 Tatanka Tiospaye Coalition meeting.

Section IV

Community Socio-Economics

In order to understand the problems, issues, and who the Santee Dakota (Sioux) are today, we need to know the historical events and understand where we came from. Our history has transformed us. Our tribal history includes how we ended up in Nebraska because our tribe did not originally inhabit Nebraska lands. The Dakota were known as the "frontier guardians of the Sioux Nation," which ranges from Minnesota to the northern Rocky Mountains in Montana and south through the northwestern part of Nebraska, the Santee division of the Sioux Nation was called the Dakota and consisted of four bands. In the English language, Dakota translates to mean "allies" or "friends." The four bands were the Mdewakantonwan, Wahepeton, Sissetonwan and Wahpekute. A woodland tribe, the Santee lived in semi-permanent villages and engaged in agriculture/farming. Hunts conducted twice a year. Around 1660, French explorers were the first Europeans to encounter the Santee Dakota. Due to forced relocation to the plains, their culture soon resembled that of the nomadic tribes of the west.

The biggest tragedy to befall the Santee was the bloodiest of wars against Indian people in American history, known as the Minnesota Uprising of 1862. Broken promises by an apathetic federal government left the Santee facing eventual starvation. Mistrust felt by settlers and the Santee led to isolated outbreaks of violence. An argument between two young Santee men over the courage to steal eggs from a white farmer became a dare to kill. This test of courage killed three white men and two women. Anticipating retaliation by "blue coats", the federal army, the Santee took the offensive, but were soon forced to surrender under the overpowering attack of the U.S. troops. Because of this short-lived uprising, 38 Santee were mass executed in Mankato, Minnesota, in December of 1862; this was the largest mass execution in the history of the United States.

In 1863, Congress abrogated all existing treaties between the Santee and the government. They were exiled to a site in South Dakota called Crow Creek. Over 300 Santee died during the first months there, mostly from disease and malnutrition. Recognizing the unfeasibility of making Crow Creek a permanent reservation site, the government settled the Tribe in Northeast Nebraska.

The settlement of the Santee in this region ended their tragic removal from their Minnesota homeland to South Dakota and finally Nebraska in 1866. Encounters with prejudice and a deceptive government eventually led them to their current home in Nebraska.

The Santee Normal Training School, established by missionaries in 1870, greatly influenced the development of the tribe during the latter decades of the 19th century. In 1936 the school closed because of insufficient funding.

Today the Santee Sioux Reservation is located in northeast Nebraska along the Missouri River. Bordered on the north side by the Lewis and Clark Lake, it encompasses an area approximately 17 miles long and 13 miles wide.

The Santee Sioux Nation continues to be affected by historical trauma. Throughout our tribe's history our people have been subjected to genocidal tactics of the US Government and experienced a lot of trauma throughout. Historical trauma has played out in fragmented family structure, as the tribes' children were forcibly removed from the reservations and transported to boarding schools. Many of our tribal members attended boarding schools in and outside of Nebraska including the one in Geneva, NE. The goal of the boarding schools and other genocide tactics were to assimilate the Indian children into white children, meaning stripping them of their cultural identity. Without their cultural identity, Indian children didn't fit in anywhere. They didn't fit it with the Non-Native culture and they no longer fit in with their tribal nations. Throughout boarding schools and the genocide tactics, Native children also learned a lot of abuse and lost their cultural way of living.

Since they weren't being raised by their parents and family, that included an extended network of parents and role models, they lost their way of parenting. The whole family dynamics that Dakota families knew was gone. The next generation was then raised by parent who had suffered extreme trauma, and then may have turned to alcohol or drugs to cope with past trauma. Years later we have learned that the bodies of indigenous people were not accustomed to alcohol and have been shown to metabolize alcohol differently than the bodies of non-Native counterparts where alcohol had been an integrated part of their culture for centuries and generations. So the introduction of alcohol to the already disrupted family system was tragic. So, for

generations Native families have become more and more dysfunctional and imbalanced. This has created the staggering statistics of Native children in the foster care system, high domestic violence rates, high school drop-out rates, high teen pregnancy rates, and at the failing end of society in almost every aspect.

According to data from the National Congress of American Indians and the Department of Justice, one in three Native American/Alaska Native women will be raped in their lifetimes. That's more than twice as high as the general population. Almost 40 percent of Native women will face domestic violence, compared with 17 percent of women generally. On some reservations, the murder rate for Native women is ten times the national average.

Government data shows that 18 percent of Native adults were classified as needing treatment for substance abuse problems, twice as high as the nation average. Excessive alcohol consumption is the leading preventable cause of death. Methamphetamine use and prescription drug abuse has been on the rise in Santee for several years. For this past year the Dakota Tiwahe Service Unit has been collecting the results of the Urine Analysis (UA) testing and Hair Analysis Testing (Hair stat) conducted by our department. A majority of these are CPS, GA, and AmeriCorps clients. In 2013, we collected 281 UA samples. 35.5% were positive. According to our testing results, the leading drug of choice is Methamphetamine and second is Opiates, followed by Marijuana. When looking at these statistics, we also have to keep in mind that Meth only stays in a person's body system for 3-5 days and Marijuana remains for up to 30 days. That piece of information makes our findings even more astounding. Our housing department has also been testing the walls of the low income housing units for methamphetamine exposure. So far, of the houses that were tested in 2013, 73% of them have tested positive for methamphetamine.

According to the 2012 Kids Count in Nebraska report "black and Native American children were much more likely than their peers to be state wards during 2011." According to NE DHHS, Native youth are 7 times more likely to be in the foster care system than White youth. Native American youth continue to have the highest rates of poverty in the state of Nebraska (45% of all Native Youth compared to only 14.4% of White youth, 40.2% of Black, 37.7% of Asian, and 36.07% of Hispanic or Latino).

In 2013, the Santee Police Department had 48 Calls for service regarding juveniles (This does not include calls to transport juveniles on behalf of DTSU or the tribal court).

2013 Service Calls Regarding Juveniles by the Santee Police Department

Type	#
Minor in Possession/Consumption of Alcohol	6
Criminal Mischief	6
Attempted Burglary	3
Assault	6
Theft	10
Disturbing the Peace	8
Possession/Ingestion of Controlled Substance	2
Curfew	7

According to the Tribal Court Juvenile Probation office, they had 17 youth on probation in 2013 (10 males and 7 females). The court prosecuted 27 Truancy cases in 2013. They had 5 youth that went to Alcohol/Drug treatment, 2 that went to a juvenile detention facility and 2 that went to a long term detention facility.

According to the 2005 American Indian Population and Labor Force Report prepared by the U.S. Department of Interior, BIA, the total enrollment for the Santee Sioux Tribe was 2,766. The estimated service area population was listed at 732. By comparison, the 2000 Census estimated the population of the Reservation to be 878 people, 563 of the estimate being American Indians.

The Santee Sioux Indian Reservation covers approximately 184 square miles (approximately 117,000 acres). The Reservation border is marked by Lewis and Clark Lake and the Missouri River to the north and boundary lines to the east, west, and south. The resident population is primarily centered in the village of Santee in the northernmost portion of the Reservation; however, there are some tribal members who reside in rural parts of the reservation. There is a grocery store, clinic, community school, tribal court, tribal college, and tribal program offices located in the village and a convenience store. For services such as banking, post office,

and other basic services, tribal members must travel to nearby towns. The nearest off-Reservation towns are Niobrara, NE (15 miles southwest of the village of Santee), and Yankton, SD (about 45 miles to the northeast). There is only one main road to the Village of Santee, the 54D Spur, a nine-mile road that leads into Santee off of State Hwy. 12 from the south. There is also one gravel road that is not well maintained that enters the Village from the east. There is limited funding for road maintenance roads in the village are in much need of repair.

Santee Tribal government is supported primarily by a combination of contracts, grants, and revenue from various tribal enterprises. Funding is provided through contracts with Federal government agencies such as the BIA and IHS, and from the State of Nebraska. Limited revenue from various tribal enterprises including the casino, tribal ranch, and land leases also helps support the tribal government. The Tribal government and the Ohiya Casino are the 2 largest employers on the reservation. The tribe employs approximately 120 employees and the casino employs a little more than 100 employees. The casino recently expanded into a new building with hotel, pool, restaurant and event center. The tribe will not see profit from this project for at least 15 years due to the loan that was taken out to fund the casino building project. The tribe also owns three convenience stores, FeatherHill Express, Lakeview, and Shop EZ. The tribe is also building a golf course right beside the new casino.

The tribal headquarters, public school, a small community college, a head start program, the police and fire station, tribal court, an IHS clinic and health center, and the majority of tribal services are located in Santee. The Santee Headstart Program serves 3 and 4 year old children in a Preschool setting. They serve 35 children every year and about 90% of students are American Indian. There are 2 elementary and high schools in the local area where a majority of our children go to school. The Santee Community School has about 140 students, with about 90% being American Indian. The Niobrara Public School has about 170 students. The student population is reflective of the diverse cultural realm that the district serves. There are significant numbers of American Indian (Santee Sioux and Northern Ponca) students receiving their education at Niobrara Public Schools. In 2013, 71% of the student population at Niobrara Public School is American Indian.

The Nebraska Indian Community College (NICC) has a campus in Santee. For the past 40 years, the Nebraska Indian Community College has been and remains dedicated to planting the seeds of knowledge through unique and culturally relevant educational experiences. These experiences are geared toward all Umo^hoⁿ(Omaha), Isanti (Santee Dakota), and other learners attending classes at one of our three campuses. The college recently had a new building constructed in Santee to provide a positive learning environment to students. The College also recently started the KZYK 88.9 radio station. Each campus is constantly sponsoring programs, activities, and events in the community – thus showing their enthusiastic spirit of reaching out and making the environment a better place to work, communicate, play, learn, and live.

Section V

Identified Priority Areas & Corresponding Strategies

SANTEE SIOUX NATION TRIBAL JUVENILE SERVICES PLAN

Priority 1: Improve educational attainment and academic achievement for all students of the Santee Sioux Nation of Nebraska.

General Description: Truancy has been an on-going issue for several years, especially at the Santee Community School. The Santee Tribal Council passed the Compulsory Education code in 2012. However, the code failed because there were too many steps. Our goal is to provide services before students get to the point where they have missed so much school, they lose credit.

Any Relevant Data – In the 2014-2015 school year, the Truancy Diversion Program was implemented. We had 82 students referred to the program, these are the students that met the definition of habitually truant, at least 20 days per year, 10 days per semester, or 5 days per quarter. There are only 162 students in the Santee community school, this is about half of the total students. We were overwhelmed with the number of students, so we started with the most extreme cases, missing over 20 days. In the 2014-2015 school year, we enrolled 19 students in the program. We only had 5 youth complete the program. We had 14 truancy filings with the Tribal Court due to non-compliance with the Truancy Diversion Program. For the first year, the program was only implemented in the last 3 months of school. The results were not great but we seen significant improvement with several students, but they did not meet the qualifications of graduation from the program. Next year we hope to start earlier and have a greater impact.

Other Contributing Factors – For at least the past 5 years the Santee Community Community School has been one of the Persistently Low Achieving Schools (PLAS). PLAS schools are schools that have the lowest testing scores in the state. There has been talk about shutting our school down.

Strategy	Action Steps	Timelines	Responsible Parties	Resources Needed	Evidence-Based Practice / Outcomes
1) Decrease the number of habitually truant students of the Santee Sioux Nation of Nebraska through implementation of the Truancy Diversion Program (TDP).	<p>Gain the support of the Santee community school administration, staff, and school board.</p> <p>Gain the support of the Tribal Court and other service providers.</p> <p>Contract with the Tribal Prosecutor to be the Truancy Diversion Program Facilitator (in the tribal code as the Truancy Officer).</p> <p>Revise the tribal Compulsory Education Code already adopted in 2012.</p> <p>Identify youth that qualify for the</p>	Already completed	<p>Santee Community School Administration and Staff and school board</p> <p>DTSU</p> <p>Tribal Prosecutor</p> <p>Tribal Truancy Officer</p> <p>Santee Tribal Court</p> <p>Community Service Providers</p>	<p>Tribal Code – already in place. Revise as needed.</p> <p>Tribal Prosecutor/Truancy Officer to facilitate the program</p> <p>Support from the school board, administration, and staff</p> <p>Support from DTSU and other services providers</p>	<p>Is the proposed program a model, best-practice, evidence-based, or promising practice program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Several other jurisdictions have implemented a program such as this for truancy diversion, including Lancaster, Hall, and Douglas Counties in Nebraska. This is the program that the Santee Truancy Diversion Program has been modeled after.</p> <p>Please list websites and/or information that exist to determine that the proposed program is evidence based and/or effective? http://courts.ky.gov/aoc/familyjuvenile/truancydiversion/Pages/default.aspx</p>

	<p>Truancy Diversion Program and send home letters as per attendance policy at the school.</p> <p>Coordinate and organize TDP meetings every other week.</p> <p>Provide the Truancy Diversion Program throughout the school year until it's no longer needed.</p> <p>Provide supportive services where possible for families referred to the truancy diversion Program</p> <p>Implement the School Resistance Assessment Scale (SRAS) tool for students enrolled in the program.</p> <p>The Tribal Prosecutor will file in regular tribal court on students and families that are not in compliance with the Truancy Diversion Program.</p>	<p>Year 1: July 1,2015 – on-going</p>			<p>http://www.americanbar.org/content/dam/aba/migrated/child/PublicDocuments/adolescent_17.authcheckdam.pdf</p> <p>Outcomes: Truancy rates will decrease based on school attendance rates.</p> <p>School achievement will improve based on grades.</p> <p>Graduation rates will increase based on school records.</p> <p>The program will have a positive impact on long term view on school, attendance, and academic achievement based on questionnaire/survey for Parents and youth on the impact of the Truancy Diversion Program.</p>
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Priority 2: Meth and Substance abuse code

General Description: On October 1, 2012 the Santee Sioux Nation Tribal Council passed the Methamphetamine and Substance Abuse Code. This code made it illegal for any possession, manufacture, distribution, or ingestion of methamphetamine and other drugs on the Santee Sioux Nation reservation. The State of Nebraska does not have an ingestion law, and now the tribe does - making anybody that test positive for an illegal substance to be prosecutable under the Santee Sioux Nation Tribal Court. This also includes any possession, manufacture, or distribution.

Any Relevant Data – The Tribal Court has only seen approximately 10 prosecutions on the Meth and Substance Abuse Code since its inception on Oct. 2012

Other Contributing Factors – We had one training with the attorney that wrote the code with the assistance of the DTSU Director and the Tribal Court Administrator in January 2013. The training was primarily for DTSU staff, Tribal Police Department staff, and other key service providers.

Strategy	Action Steps	Timelines	Responsible Parties	Resources Needed	Evidence-Based Practice / Outcomes
1) The Tribe will offer more training opportunities on the Meth and Substance Abuse Code and encourage development of policies and procedures of drug and alcohol testing as well as procedures to prosecution under the Meth and Substance Abuse Code.	<p>1. Offer at least 1 Training sessions for local and extended stakeholders and encourage the development of policies and procedures for prosecution under the Meth and Substance Abuse Code.</p> <p>Assist stakeholders in the development of policies and procedures when needed; continue with at least 1 training per year on the Meth and Substance Abuse Code.</p> <p>Assist stakeholders in the development of policies and procedures when needed; continue with at least 1 training per year on the Meth and Substance Abuse Code.</p>	<p>Year 1: July 1, 2015 – June 30, 2015</p> <p>Year 2 - July 1, 2016 – June 30, 2017</p> <p>Year 3 - July 1, 2017 – June 30, 2018</p>	Tribal Human Resources Director, Ohiya Casino and Feather Hill Administrative staff, CPS staff, Tribal Probation Officers, State and Federal Probation Officers, School staff, and Tribal Police Department	<p>Policy changes – Personnel policies and procedures for major employers on the Santee Sioux reservation; school the Student Handbook; Tribal Police Department procedures; CPS Policies and Procedures.</p> <p>Training – Ongoing training for Law Enforcement, Probation Officers, CPS staff, and other stakeholders, especially for new employees</p> <p>Program development – for all programs in the Santee community on drug testing and improved procedures as needed for each department or business</p>	<p>Is the proposed program a model, best-practice, evidence-based, or promising practice program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>In our research on tribal meth/substance abuse codes, we have not been able to find any studies or research that has been done on the effectiveness of the code. Our tribal code is very comprehensive and includes the general possession and manufacture provisions. Our code also allows for prosecution on persons who have ingested (tested positive) any illegal substance. However, the code is only as good as it's enforcement. Enforcement is where we are lacking at this time.</p> <p>Please list websites and/or information that exist to determine that the proposed program is evidence based and/or effective?</p> <p>Outcomes: Is this program being evaluated? Explain evaluation and outcome data that establishes this as an effective program. We have not determined a formal evaluation program however we may be able to evaluate it based on drug testing statistics and based on the number of prosecutions through the tribal court there are on the Meth and Substance Abuse code.</p>

Priority #2: Prevention of Prenatal Drug Exposure

General Description – Prenatal Drug Exposure can affect individuals across the lifespan starting in utero. Prenatal drug use has been associated with potentially deleterious and even long-term effects on exposed children. However, estimating the full extent of the consequences of maternal drug abuse is difficult for many reasons. Multiple individual, family, and environmental factors—such as, nutritional status, extent of prenatal care, neglect or abuse, socioeconomic conditions, and many other variables—make it difficult to determine the direct impact of prenatal drug use on the child. Moreover, some negative outcomes in exposed children can be ameliorated by supportive home environments and quality parenting. Still, a number of drugs can have extreme negative consequences.

Relevant Data – It is really difficult to identify the number of children affected by prenatal drug exposure (including alcohol). Most of them will not test positive at birth unless the mother was using up until a few days before delivery. Also, not all hospitals test the newborns unless they have a reason to suspect drug use. So, usually we have to rely on the mother's self-report. Many mothers will not admit to prenatal alcohol or drug use. Combined 2008 and 2009 data from the National Survey on Drug Use and Health found that among pregnant women ages 15 to 44, the youngest ones generally reported the greatest substance use.

The Santee CPS department suspects that many of our children that are tribal wards have been exposed prenatally to alcohol or other drugs. We have many children that have major behavior problems and are considered “out of control.” We also have some children that are very low functioning. Many of the children are misdiagnosed as ADHD/ADD or some other diagnosis

Other Contributing Factors -

It isn't quite understood how some drugs affect babies. The effect of alcohol on babies is well researched and understood, however the effect of methamphetamine and other drugs still needs more research. Researchers do know some things, but not everything about how drugs affect babies.

Strategy	Action Steps	Timelines	Responsible Parties	Resources Needed	Evidence-Based Practice
1) Education and Awareness among service providers and pregnant mothers and teen age girls	<p>Expand our current meth and substance abuse code to include a better section on Prenatal drug use and including the prosecution and arrest of mothers who are using, allowing for release to a responsible family member until treatment is obtained</p> <p>MOU from Clinics and Surrounding Hospitals to test for drugs on all mothers who are residing on the reservation and those who are eligible for ICWA cases.</p> <p>PSAs put on the tribal radio station</p> <p>Billboard on prenatal drug exposure</p> <p>More training offered to the community and programs on prenatal drug exposure.</p> <p>Incorporation of education and awareness at local health events such as the tribal health fair and Women's Health Day</p> <p>Ensure incorporation of Prenatal Drug Exposure into the Parenting Class Topics</p> <p>Offering therapy or treatment for those mothers who use substance and drug abuse.</p>	<p>Year 1</p> <p>Through out years 2 and 3</p>	<p>Santee Sioux Nation Tribal Council</p> <p>CPS Staff</p> <p>Santee Sioux Nation Tribal Court</p> <p>Nebraska Indian Community College</p> <p>HEART Program</p> <p>Santee Health Center</p> <p>Santee WIC Program</p> <p>Yankton, SD Hospital And other local area hospitals</p> <p>Little Moccasins/Family Spirit Program</p>	<p>Most of the nearby hospitals are located out of state where most of our mothers turn to for delivery. MOU/MOAs will be sought with local hospitals and clinics where prenatal and delivery occurs. Cooperation from Health Care Providers is key.</p> <p>Treatment options for pregnant mothers – we already know of a few.</p> <p>PSAs</p> <p>A billboard location and a billboard</p> <p>Education Providers</p>	<p>Is the proposed program a model, best-practice, evidence-based, or promising practice program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please list websites and/or information that exist to determine that the proposed program is evidence-based and/or effective?</p> <p>Outcomes: Is this program being evaluated? Explain evaluation and outcome data that establishes this as an effective program.</p> <p>No evaluation plan set yet</p> <p>The Oglala Sioux Tribe has a tribal code like the one mentioned here. We aren't sure of the effectiveness of the code.</p>

SANTEE SIOUX NATION JUVENILE SERVICES PLAN ISSUE BASED PRIORITY AREAS

Priority 1: Bringing Back Dakota Way of Life

General Description - The community has requested that more storytelling be done with our youth and parents to help bring back some of our traditional teachings of how to live.

Any Relevant Data-

Risk factors increase an individual's likelihood of substance use and abuse while protective factors reduce the risk. Also according to findyouthinfo.gov "Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture (as a protective factor)." According to the "Assessment of Culture as a Protective Factor among Native Americans: The Survey of Nez Perce Culture" by Elizabeth Harris and Joyce McFarland culture is a protective factor for Native Americans. "Protective factors were ingrained in the traditional Nez Perce way of life. The imposition of the White way of life introduced alcohol, suppressed protective factors, and facilitated the development of risk factors across all domains. For the past decade, the tribe has obtained federal funding for a variety of substance abuse prevention programs. These programs have included cultural therapy--culturally specific activities designed to revive the traditional Nez Perce way of life and its cultural protective factors. Since existing evaluation instruments did not recognize the unique contribution of culture, an instrument was developed which captured culture as a resource. Six areas of interest were delineated: spirituality; family life and traditions; recreation and celebration; culture; education, jobs, and life skills; and health and medicine. This instrument was administered to 110 tribal adults in 1995, 116 tribal youths in 1997, and 135 tribal youths in 1998. For both adults and youth, greater identification to Nez Perce culture (for youth, specifically spirituality) was related to lower alcohol use. Among youth, greater identification with spirituality was also related to lower drug use. Among youth, however, greater identification with bicultural peer associations, beliefs about education, and involvement in sports were related to higher alcohol and other drug use. (TD)"

Protective factors were ingrained in the traditional Dakota way of life. The imposition of the White way of life introduced alcohol, suppressed protective factors, and facilitated the development of risk factors across all domains. Over time our tribe has lost much of our Language, traditions and culture as Dakota people. Our traditional way of living and belief included the belief that women and children were sacred. Women were sacred because women are life givers and without the women then there would be no life. Children were sacred because they were life and our future.

Other Contributing Factors – Other studies have found six linked themes as protective factors against health issues; land and health, traditional medicine, spirituality, traditional foods, traditional activities and language. So, ideally a tribal nation that has language, traditions, and culture would be more holistically healthy (Physically, mentally, emotionally, and spiritually according to the teachings of the Medicine Wheel)

Priority #2

General Description – Create a stronger environment for drug and alcohol free lifestyles

Relevant Data – Government data shows that 18 percent of American Indian adults were classified as needing treatment for substance abuse problems, twice as high as the nation average. Excessive alcohol consumption is the leading preventable cause of death. Methamphetamine use and prescription drug abuse has been on the rise in Santee for several years. In 2013 the Dakota Tiwahe Service Unit has been collecting the results of the Urine Analysis (UA) testing and Hair Analysis Testing (Hair stat) conducted by our department. A majority of these are CPS, GA, and AmeriCorps clients. In 2013, we collected 281 UA samples. 35.5% were positive. According to our testing results, the leading drug of choice is Methamphetamine and second is Opiates, followed by Marijuana. When looking at these statistics, we also have to keep in mind that Meth only stays in a person's body system for 3-5 days and Marijuana remains for up to 30 days. That piece of information makes our findings even more astounding. Our housing department has also been testing the walls of the low income housing units for methamphetamine exposure. So far, of the houses that were tested in 2013, 73% of them have tested positive for methamphetamine.

Many of our youth and adults in recovery report not having a strong support system when they return to Santee after treatment. Clients report wanting to have more activities and events for people in recovery, such as sporting events and tournaments, dances, traditional games such as hand games, moccasin game and Dakota Language Classes. These are things that are reported to staff, and no formal way of collecting data.

Other Contributing Factors - Many of our youth and adults have both reported not having enough to do and therefore drinking or using drugs out of boredom. The Warrior's Lodge and the Teen Center would offer more drug and alcohol free activities but often do not have enough funding to do so. We want to encourage incentives and incentive trips for participants of the Warrior's Lodge and Teen Center for youth that are doing good, being alcohol and drug free, and no involvement with the court system or behavior reports at school (we want to encourage good behavior).

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Priority 1: Bringing Back Dakota Way of Life

Strategy	Action Steps	Timelines	Responsible Parties	Resources Needed	Evidence-Based Practice / Outcomes
1) Traditional Dakota Teachings into more programs in Santee, including in the Parenting Classes.	Create a plan for more programs to expand their services to include more culture, language and traditions in them	Year 1	DTSU	Policy changes – none identified at this time	Is the proposed program a model, best-practice, evidence-based, or promising practice program? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please list websites and/or information that exist to determine that the proposed program is evidence based and/or effective? Assessment of Culture as a Protective Factor among Native Americans: The Survey of Nez Perce Culture” by Elizabeth Harris and Joyce McFarland Information on protective factors and risk factors findyouthinfo.gov Outcomes: Is this program being evaluated? NO Explain evaluation and outcome data that establishes this as an effective program. Expected Results
	Obtain commitment and collaboration from more community stakeholders on this issue		Warrior’s Lodge	Training – Sons and Daughters of Tradition, Medicine Wheel Model Training	
	Develop and identify possible training that could be utilized		Teen Center	Incorporating Elders into Community Parenting Initiative	
	Send staff to training or bring the training to the staff (including the Sons of Tradition and Daughters of Tradition		Community Parenting Initiative members	Program development – More inclusion of culture, language, and traditions into as many programs as possible	
			Parents		
			Youth		
			School		
			Nebraska Indian Community College		
	Incorporate more elders and spiritual leaders into our community and programs for storytelling and sharing	Year 2		Program expansion – Funding for at least one Full Time Employee for Cultural Director to develop cultural activities and events and cultural integration into programs	<ul style="list-style-type: none"> • Better trained staff • Parenting Classes Strengthened • Strengthen the Dakota Language, Culture, and Traditions, bringing back the Dakota Way of Life • By Strengthen our culture and language we have a healthier and stronger nation.
	Apply for and obtain funding for training and program expansion			Parenting Initiative Expansion	

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	<p>Incorporate more elders into the parenting class program</p> <p>apply for funding for at least one full time employee for Family Support that will include cultural support</p> <p>offer community Dakota language classes and community beading and regalia making classes</p> <p>Apply and obtain funding for training such as Sons of Tradition and Daughters of Tradition offered by White Bison, Medicine Wheel Model training with Phillip Whiteman Jr. and Lynette Two Bulls;</p> <p>after training fully implement programming with youth and parents</p> <p>continue including elders in parenting class initiative</p> <p>Further training staff and new staff; apply and obtain funding for further program expansion</p>	Year 3			
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<p>2) Improve our current recovery support system and</p>	<p>Identify and apply for funding for at least one Culture Teacher/Consultant</p> <p>Identify and Apply for funding for at least one Family Support Worker</p> <p>Expand the Sunktanka Oyate Wan Onispepi (obtain funding for an indoor arena to be able to offer programming year round, to include Equine Assisted Therapy</p> <p>Implement Alanon, Alateen, and AA/NA for Teens</p> <p>Obtain funding for continuance of the Horse Program</p> <p>Expand Access to Recovery activities</p> <p>Provide funding to the Warrior's Lodge and Teen</p>	<p>Year 1</p>	<p>DTSU, NICC Warrior's Lodge Teen Center Youth School Horse Program White Bison, Inc. Recovery Support Program</p>	<p>Policy changes – none identified at this time</p> <p>Training – Further Horse program training with the Medicine Wheel Model and EAGALA</p> <p>TAPs classes for staff obtaining licensure to be a Licensed Drug and Alcohol Counselor (LADC) and Licensed Mental Health Practitioner (LMHP)</p> <p>Program development – Expand the Horse program to include licensed American Indian LADC</p> <p>Create the Cultural Director program to assist clients with parenting needs and run the O'onye Was'te Family Program</p>	<p>Is the proposed program a model, best-practice, evidence-based, or promising practice program? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please list websites and/or information that exist to determine that the proposed program is evidence based and/or effective?</p> <p>How to Build and Maintain a Solid Support System in Recovery http://www.promises.com/articles/relapse-prevention/how-to-build-and-maintain-a-solid-support-system-in-recovery/</p> <p>White Bison, Inc. www.whitebison.org</p> <p>Outcomes: Is this program being evaluated? NO Explain evaluation and outcome data that establishes this as an effective program.</p> <p>Expected Results</p> <ul style="list-style-type: none"> • More youth that is changing their future through healthier living the Dakota way of life. • More incentives through all things are possible and that are free from Drugs and Substance abuse. • When youth are involved then the parents would want to be interested in learning more and be healthier for
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	<p>Center to offer more drug and alcohol free activities with youth and teens</p> <p>Support Native American staff in obtaining licensure for Drug and Alcohol Counseling and/or Mental Health Counseling</p> <p>apply for and obtain funding for Incentive trips for youth that are doing good (good school attendance, good grades, no behavior problems)</p> <p>Apply and obtain funding for program expansion for the teen center and the Warrior's Lodge</p> <p>Maintain Teen 12 step groups</p> <p>Train new staff or existing staff on the O'onye Was'te Family Program that was developed by the DTSU Director and staff</p>	Year 2		<p>Program expansion – Funding for Indoor Riding Arena</p> <p>Cultural Director</p> <p>Family Support Worker</p> <p>Improved Prevention Technicians with more training</p>	<p>their children. Learning more from the Cultural Director as he/she will work with everyone involved in the Santee Sioux Nation.</p>
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	<p>Develop a plan for implementation of O'onye Was'te Family Program.</p> <p>Further training staff and new staff</p> <p>Apply and obtain funding for further program expansion</p>	Year 3			
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Organizational Priority #1: Define and Reorganize Community Coalitions and Teams

Strategy	Action Steps	Timelines	Responsible Parties	Resources Needed	Evidence-Based Practice / Outcomes
1) Define and Revise the mission and Vision statements for the Tatanka Tiospaye Coalition, Multi-Disciplinary, and Drug Endangered Children Teams, and other teams identified by the community and tribal employees.	Gather all mission and vision statements from each coalition and Team	Year 1	DTSU	Collaboration and cooperation from all teams and coalitions identified.	Is the proposed program a model, best-practice, evidence-based, or promising practice program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Organize a joint community meeting with all of the teams and coalitions and discuss their mission and vision and what their goals are for their team.	Year 1	Tatanka Tiospaye Coalition		Please list websites and/or information that exist to determine that the proposed program is evidence based and/or effective?
	Discuss strengths and needs of each team and coalition and what purpose each serves.		Multi-Disciplinary Team	Organization with all key community stakeholders.	N/A
	Discuss strategies for reorganization.		Drug Endangered Children Team		Outcomes: Is this program being evaluated? NO Explain evaluation and outcome data that establishes this as an effective program.
	Write or re-write mission, vision, and goal statements for all teams.	Year 1			Expected Results
	Develop a plan to increase participation and attendance for each community team or coalition	Year 2	Meth Task Force		<ul style="list-style-type: none"> • Number of meetings being held each year • # of attendance from key stakeholders • Mission, vision, and goal statements for each coalition or team

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Strategy # 2 Improve data collection with tribal departments	Work with UNO on getting an intern to assist with data collection Develop a data collection plan <ul style="list-style-type: none"> • Identify data needs • Identify ways to collect data • Develop a plan and implement data collection plan 	Year 1	DTSU Director Tatanka Tiospaye Coalition UNO – Anne Hobbs UNO Intern	UNO Intern – as identified by Anne Hobbs Data collection plan Ways to obtain information for data collection	Is the proposed program a model, best-practice, evidence-based, or promising practice program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please list websites and/or information that exist to determine that the proposed program is evidence based and/or effective? N/A Outcomes: Is this program being evaluated? Yes Explain evaluation and outcome data that establishes this as an effective program. Expected Results <ul style="list-style-type: none"> • Data Collection Plan • Data Collected
3) Create a Drug Endangered Children Team and Initiative in Santee	Gain the collaboration and cooperation from community partners/stake holders invite them to the Tatanka Tiospaye Coalition meetings obtain the support from the Santee Tribal Council develop a plan for training apply for funding Host a Drug Endangered	Year 1	Santee Police Department DTSU Santee Sioux Nation Housing Authority Santee Health Center Santee Community School	<ul style="list-style-type: none"> • funding for training and conference Policy changes – revisions needed to the Tribal Code for Prenatal Drug Exposure and others may be identified; work in collaboration of the Family Drug Court Training – The Drug Endangered Children Training and Advocacy Center offers Training for	Is the proposed program a model, best-practice, evidence-based, or promising practice program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please list websites and/or information that exist to determine that the proposed program is evidence based and/or effective? National Alliance for Drug Endangered Children http://www.nationaldec.org/home.html The White House http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/dec/promising_practices_toolkit.pdf Outcomes: Is this program being evaluated? Explain

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